

**RISK MANAGEMENT TEAM REFERRAL FORM
AND MINUTE OF MEETING**

Section 1 – Prisoner Details
(To be completed by officer making the referral)

Date of RMT Meeting: [Click here to enter date.](#)

Prison Number: Click here to enter No.	Name: Click here to enter Name.	D.O.B: Click here to enter a date.
Sentence Length: Click here to enter length.	Sentence Start Date: Click here to enter a date.	Supervision Level: Choose a Level.
Extended Sentence: Click here to enter length of Extended Sentence.		Extended Sentence LED/SED Click here to enter a date.
PQD: Click here to enter a date.	EDL: Click here to enter a date.	SED: Click here to enter a date.
Punishment Part (if applicable): Click here to enter punishment part.	Punishment Part Expiry (if applicable): Click here to enter a date.	
HDC Qualification Date (if applicable): Click here to enter a date.	Date Eligible for Consideration for Progression: Click here to enter a date.	
VNS Flag: (Yes/No): Choose an item.	Escape/Abscond Risk (Yes/No) Choose an item.	
Anticipated MAPPA Level (if applicable): Choose a MAPPA level		

Section 2 – Reason for Referral
(To be completed by officer making the referral)

Outline the cause of concern or events that have led to the prisoner being referred to the RMT (Please select from drop down list)
If 'Other Concern', insert details.

Section 3 – Standard Criteria for Progression (Progression cases only)
(To be completed by Officer making the referral)

A multi-disciplinary Risk Management Team is required to draw on all available information in considering prisoners suitability for progression to a National Top End or open conditions, or for supervised or unsupervised community access.

Standard Criteria	YES/NO
Prisoner wishes to be transferred to a less secure conditions or community access	Select
Prisoner is or has been assigned Low Supervision status for at least 3 months	Select
Prisoner is free of misconduct reports, which resulted in an award greater than a caution, in the last three months.	Select
Prisoner has no outstanding charges	Select
Prisoner’s identified needs can be met in less secure conditions.	Select
Drug tests - Prisoner had at least two negative drug tests within the last three months	Select
For Short term prisoners: Prisoner is serving a sentence of at least twelve months.	Select
For Long term and Life prisoners: Prisoner is within the specified period as per SPS Management Rule - See section 4 of the RMT ¹ Guidance	Select

Standard Criteria met: [YES/NO](#).

If no, please provide reason²: [Click here to enter reason](#).

Name: _____
Title: _____
Date: _____

If the standard criteria is met, the prisoner should be asked to complete and return the RMT Prisoner Representations Form (see Annex B). Section 4.1 below should also be completed, and signed off by the Residential First Line Manager

¹ See Section 4 of the Risk Management and Progression Guidance

² Cases which do not meet the standard criteria should not be referred to the RMT.

Section 4 - Sources of information to be considered by RMT (Progression Cases Only)

4.1 (To be completed by Officer making the referral)

Sources of information	Yes	No	Comments
ICM and associated documentation including: <ul style="list-style-type: none"> - Community Integration Plan - ICM Case Conference Minutes - Risk Management Team Minutes (including previous RMG/MDPMG minutes) - Social Enquiry Reports - Trial Judge Report - Outcome of Formal Risk Assessments - Previous Convictions/Appellant Status - Parole/Tribunal Recommendations - Post Programme Reports - Act 2 Care History - Ongoing Addictions/Physical/Mental health needs 			

Name (Officer): _____

Title: _____

Date: _____

Name (Residential First Line Manager): _____

Date: _____

4.2 (to be completed by RMT Co-ordinator)

Sources of information	Yes	No	Comments
Risk and needs file review of all available information			
Current Home Background Report ³			Date of HBR
All Intelligence information available to SPS			
Abscond/Escapes History ⁴			
If applicable, details of any proceedings under the Proceeds of Crime Act 2002			
If applicable, confirmation of Immigration Status and whether or not the United Kingdom Border Agency (UKBA) is minded to deport the prisoner at end of sentence			
RMT Prisoner Representations Form			

Name (RMT Co-ordinator): _____

Title: _____

Date: _____

³ Closed establishment must enter the date that the Home Leave/ Home Background Report was prepared by the CBSW.

⁴ If the prisoner has previously absconded or escaped, the case must be referred to the ECMDP if further access to the community is supported by the RMT (see section 7 of the RMT guidance).

RISK MANAGEMENT TEAM MEETING

Section 5 - Issues discussed

Date of RMT Meeting: [Click here to enter date.](#)

Please insert a brief summary of the risk factors discussed at the RMT meeting.

Brief details of index offence

Insert brief details of index offence

Details of any previous convictions

Insert details of any previous convictions

Appellant Status (if applicable):

Insert details of any outstanding appeals against conviction/sentence

Response in custody

Insert a summary of any misconduct reports/conduct/interaction with prison staff, previous/recent violence)

Interventions

Insert details of all interventions, including unsuitable or outstanding interventions, and indicate whether any formal programme assessments have been completed

Outcome of formal risk assessments (Overall Score)

Insert details of formal risk assessments

Substance Misuse

Insert details of any drug/alcohol misuse and specifically what support is available

Learning Skills and Employability

Insert details of any work in relation to education and working skills

Responsivity

Insert details of prisoners attitude to participation in offence related work

Violent Conduct

Insert details of all issues relating to violence within prison

Sexual Conduct

Insert details of the prisoners sexual attitude towards other people

Mental Health

Insert details of any contact with the Mental Health Team

Social Care

Insert details of any accommodation and financial issues

Resettlement

Insert details of family relationships and pro-social support.

For Progression Cases Only:

HDC

Insert details of any previous HDC periods noting completion or recall

Details of any previous time spent in less secure conditions

Insert any previous periods in less secure conditions and response

Special Escorted Leave (SELS) & family contact

Insert details of any previous SELS and the nature of family contact

Proposed Placement Details (if applicable):

Insert details of proposed placement

Intelligence Summary

Insert details of any relevant intelligence information available to SPS (including information from the Crown Office and the Police

Immigration Status (Foreign Nationals Prisoners only):

Insert details of nationality and whether or not they are likely to be deported at end of sentence

FGTR Status (Lifers only)

Insert details of prisoners FGTR status

Details of any Parole Board/Tribunal Recommendations:

Insert details of any Parole Board/Tribunal Recommendations

Any other relevant risk factors

Insert details of any other relevant risk factors

RISK MANAGEMENT TEAM MEETING (Continued)

Section 6 – Community Access Risk Assessment/Community Risk Management Plan

(To be completed in Progression Cases)

Closed Establishments: Please provide a summary of the issues to assist the NTE/Open Estate in managing the prisoner and access to the community - list all risk factors identified in ICM case conferences, RMT, and parole documents, list all protective factors including employability, family support and accommodation, interventions completed, and professional support networks.

National Top-Ends/Open Estate - If considering a prisoner for unescorted access to the community, the issues identified should be transferred to the ICM domains and the LS/CMI Case Management Plan should be updated.

Risk Factors, areas of concern or issues to be addressed	How might these be managed?	What license conditions could support their management in the community?

What factors support the prisoner for progression?	What are the actions that will enhance the effect of these factors?

What are the early warning signs that would indicate a change in risk?	What actions/response should take place in relation to these?

RISK MANAGEMENT TEAM MEETING (Continued)

Section 7 – Decision of RMT

(to be completed by Chairman of RMT in all cases)

RMT Decision:

Please record the decision of the RMT, including any referrals/recommendations and or plans to manage any presenting concern including approximate timescales. It is essential that all decisions can be described as being necessary, proportionate, and balanced having taken into consideration all the available evidence as discussed.

Statement of Assurance (Progression Cases Only):

The Statement of Assurance is simply a statement from the Chairperson of the RMT confirming that all information has been taken into consideration, and that it is in the public interest for the prisoner to progress to less secure conditions/unescorted access to the community (see Annex D of the RMT Guidance)

Chairman's Name _____ Date _____
Title _____

If progression to less secure conditions is approved, please ensure that section 6 of this document is completed to record the prisoner's risk factors, protective factors and early warning signs which will assist the NTE/Open Estate in managing the prisoner and providing access to the community.

RISK MANAGEMENT TEAM MEETING (Continued)

**Section 8 – Attendance
(To be completed in all cases)**

POSITION	NAME(S)
Chairperson (Deputy Governor/Governor)	
Prison Based Social Worker	
Psychologist	
ICM/RMT Case Co-ordinator	
Personal Officer	
Health Care Representative	
Life Liaison Officer/Early Release Liaison Officer	
Administrator (Support staff)	

Administrative

Community Integration Plan Updated on PR2	Yes/No	Date:
LS/CMI Case Management Plan Updated	Yes/No	Date:
Prisoner Advised of Outcome	Yes/No	Date:

Section 9 – Referral to ECMDP

(To be completed by Chairman of RMT for progression cases only, where the prisoner has a previous history of escape or abscond)

For ECMDP – please give the reasons to support progression (include details of previous escape/abscond and changes in the circumstances since this time).

This should include the following information:

- *Date of escape/abscond:*
- *Period unlawfully at large:*
- *Any offending while unlawfully at large:*
- *Consequent prison sentence(s) and prison disciplinary procedures etc:*
- *Time spent in closed conditions since incident:*
- *Any interventions completed following incident:*
- *The public interest test (i.e. the reasons why the specific circumstances of this case were considered to be exceptional or of such criticality to justify the progression, given the ‘presumption against’):*
- *Recommendation:*

Chairman’s Name _____ Date _____
Title _____

Section 10 – Decision of ECMDP

(To be completed by Chairman of ECMDP for progression cases only, where the prisoner has a previous history of escape or abscond)

Please insert the reasons to either support progression or if progressing is refused, detailed reasons why the ECMDP did not consider it to be in the public interest to allow the prisoner to progress

Chairman’s Name _____ Date _____
Position: ECMDP Chairperson

RISK MANAGEMENT TEAM MEETING (Continued)

Section 11 – Ministerial Approval for FGTR/Transfer to Open Conditions

(To be completed by Governor-in-Charge, where the prisoner requires Ministerial approval)

Application for FGTR/Transfer to Open Conditions submitted to HQ on [Click here to enter a date.](#)

Governor's Name _____

Date: [Click here to enter a date.](#)

Ministerial Decision

Approved: Choose an item.

Date of Ministerial Decision: [Click here to enter a date.](#)

RISK MANAGEMENT TEAM MEETING (Continued)**Section 12 – Admission to NTE/Open Estate****(to be completed by Chairman of the RMT in the NTE/Open Estate)****RMT Decision:**

Please insert the decision of the RMT on how it proposes to manage the prisoner in the NTE/Open Estate, including any plans to manage any presenting concern including approximate timescales. It is essential that all decisions can be described as being necessary, proportionate, and balanced having taken into consideration all the available evidence. If unescorted access to the community is to be granted, a statement of assurance should be provided that it is in the public interest for the prisoner to be gradually tested in the community by way of a community work placement/home leave etc.

Chairman's Name _____ Date _____
 Title _____

Before any form of unescorted access to the community can be granted, section 6 (Community Risk Management Plan) must be completed.

Administrative

Community Integration Plan Updated	Yes/No	Date:
RMT Meeting Minutes Uploaded onto PR2	Yes/No	Date:
Prisoner Informed	Yes/No	Date: